OIPE JC25 JAN 29 2004 PATENT & TRADEMARK

COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL, CONTINUATION, OR C-I-P)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is for an original application.

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am an original, first and joint inventor of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

Top Flange Stud to Plate Tie

SPECIFICATION IDENTIFICATION

The specification was filed on October 6, 2003, as Serial No. 10/680,585.

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56, and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent.

POWER OF ATTORNEY

I hereby appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

APPOINTED PRACTITIONER(S)	REGISTRATION NUMBER(S)
Charles R. Cypher	41,694
James R. Cypher	22,448

SEND CORRESPONDENCE TO

Charles R. Cypher
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Charles R. Cypher
510-832-4111

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Charles Roesset
Inventor's signature _____
Date 12-01-03 **Country of Citizenship** United States of America
Residence Brentwood, CA
Post Office Address 184 East Country Club Drive, Brentwood, CA 94513, Brentwood, CA 94513

Louay A. Shamroukh
Inventor's signature _____
Date 12/17/03 **Country of Citizenship** United States of America
Residence Discovery Bay, CA
Post Office Address 545 Discovery Bay Boulevard, Discovery Bay, CA 94514

OIPE JC25 JAN 29 2004 PATENT & TRADEMARK OFFICE

Practitioner's D cket No. SST/1275 ***PATENT***

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Charles Roesset, Louay A. Shamroukh

Application No.: 10/680,585 Group No.: 3635
Filed: 10/06/2003 Examiner: N/A
For: Top Flange Stud to Plate Tie

Mail Stop Missing Parts
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

STATEMENT BY PRACTITIONER THAT APPLICATION FILED IN PTO IS THE ONE INVENTOR EXECUTED BY SIGNING DECLARATION

I,

James R. Cypher
405 14th Street, Suite 1607
Oakland, CA 94612
Reg. No. 22,448
Tel. No. 510-832-4111

state I am the registered practitioner for this application and the application identified above is the application that the inventor(s) executed by signing the declaration that is being submitted herewith.

James R. Cypher

SIGNATURE OF PRACTITIONER

Customer No.: 0498

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. § 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

[x] deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Mail Stop Missing Parts, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

FACSIMILE

☐ transmitted by facsimile to the Patent and Trademark Office, (703) _____ - _____.

Marjorie A. Jost

Signature

Date: 1-26-04

Marjorie A. Jost

(type or print name of person certifying)